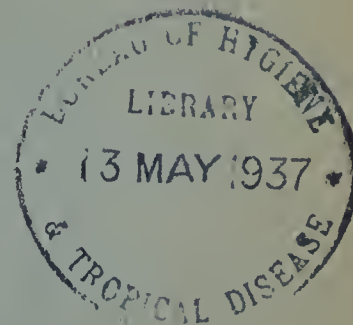


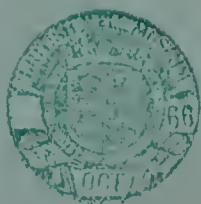
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BOROUGH OF SWINTON AND PENDLEBURY
EDUCATION COMMITTEE

Twenty-Third
ANNUAL REPORT
of the
School Medical Officer
FOR THE YEAR 1936.

G. HAMILTON HOGBEN,
School Medical Officer





Twenty-third

ANNUAL REPORT

of the

SCHOOL MEDICAL OFFICER





BOROUGH OF SWINTON AND PENDLEBURY
EDUCATION COMMITTEE

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Education Committee

DECEMBER, 1936

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Vice-Chairman :

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School Medical Officer :

G. HAMILTON HOGBEN, M.R.C.S., D.P.H.

Director of Education :

A. B. MILLS, B.Sc. (Econ.)

Town Clerk :

WILLIAM CARTER, M.B.E.



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Staff of the School Medical Service

Medical Officer :

G. HAMILTON HOGBEN, M.R.C.S., L.R.C.P., D.P.H.

Assistant School Medical Officer (Part-time) :

KATHLEEN MARY BOYES, M.B., Ch.B., D.P.H.

Dental Surgeon :

W. BAKEWELL, L.D.S.

Specialist Medical Officers (Part-time) :

Ophthalmic Surgeon : GORDON RENWICK, M.B., C.M.

Orthopædic Surgeon : ROBERT OLLERENSHAW, M.D., F.R.C.S.

Aural Surgeon : E. S. BURT HAMILTON, M.C., M.B., F.R.C.S., Ed.

Anæsthetist : J. O'GRADY, L.A.H.

School Nurses :

Miss M. J. METHVEN, S.R.N., Cert. R.S.I.

Miss E. BANKS, S.R.N., S.C.M.

Miss E. J. THOMAS, S.R.N., S.C.M., H.V.

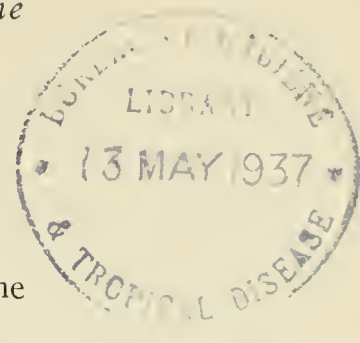
Masseuse (Part-time) :

Miss I. W. MOUNSEY, C.S.M.M.G., M.E., S.R.E., S.R.N.

Clerical Staff :

H. R. Rees, A.I.S.A. (Chief Clerk)	} comprising the whole of the clerical staff of the Public Health Department.
B. W. Mitchinson	
J. E. Flowers	
Miss D. Hollinshead	

*To the Chairman, Alderman W. S. Mycock, J.P., and Members of the
Borough of Swinton and Pendlebury Education Committee.*



ALDERMAN MYCOCK, LADIES AND GENTLEMEN,

I have the honour once again to submit the Annual Report of the School Medical Service for the year ending the 31st December, 1936.

The work of the School Medical Service as outlined in the pages of this report shows that while there has been no special extension this year in the services made available, a greater degree of co-ordination between this and other Health services of the district has been rendered possible, more especially in connection with the preventive treatment of Infectious Diseases, the increased Immunisation against Diphtheria of the pre-school child and the medical supervision of children passing directly from the Child Welfare Centres to the nursery classes in the day school. Both increased efficiency and economy are the natural outcome of this linking together of such services.

The extensive programme already carried out and proposals now in hand for the replacement of old school buildings by modern premises should go far to ensure the maintenance of health among the school children of our district. Not the least important of the new buildings is the proposed erection of an Open-Air School to replace the present rapidly depreciating wooden structure and so to continue the excellent results of the past eighteen years in the re-establishing of health in children debilitated by the effects of poverty or disease.

As this will be my last Annual Report before taking up similar duties in another Authority, I wish to take this opportunity to thank the whole of the staff for their efficient and loyal support during my six years of office and to record my gratitude to you Mr. Chairman and Members of the Committee for the helpful support given at all times to the suggestions from my department for the further improvement in methods for the supervision of the health of the school child.

I have the honour to be

Your obedient Servant,

G. HAMILTON HOGBEN.

TOWN HALL, SWINTON,

April, 1937.

1. General Information

The population of the Borough of Swinton and Pendlebury as estimated by the Medical Officer of Health on 31st December, 1936, was 40,100. The school population as recorded on that date was 4,585, which includes 456 children under the age of five years.

Total cost of School Medical Service for the year ending					
31st March, 1936	...	...	...	...	£3425
Parents' contributions	...	...	...	...	£27
Product of Penny Rate (1935-36)	...	...	...	...	£800
Cost of all Education Services in terms of rate in the £					
after taking into consideration Government Grant					3/1d.
Cost of School Medical Service in terms of rate in the £					
after taking into consideration Government Grant					2.12d.

ELEMENTARY SCHOOLS IN THE BOROUGH.

School	Department	Accommodation	No. on books
<i>Council Schools :</i>			
Cromwell Road	... Boys	500	395
" "	... Girls	500	379
" "	... Infants	250	248
Moorside	... Senior Boys	360	237
"	... Senior Girls	360	257
"	... Junior Mixed	400	462
"	... Infants	300	299
Clifton	... Mixed	296	126
"	... Infants	147	68
St. Paul's	... Infants	148	85
Open Air	... Special	110	124
<i>Non-Provided Schools :</i>			
Christ Church	... J.M.	447	101
" "	... Infants	182	96
St. Augustine's	... Mixed	455	316
"	... Infants	252	114
St. Mark's	... Mixed	184	139
"	... Infants	113	62
St. Mary's	... Mixed	395	200
"	... Infants	200	114
St. Peter's	... Junior Mixed	400	276
"	... Infants	200	169
St. Stephen's	... Infants	310	151
St. Charles	... M.	136	120
" "	... Infants	50	47
Total, December, 1936		6695	4585
Total, December, 1935		6695	4643
Total, December, 1934		6695	4709

SCHOOL MEDICAL OFFICER'S ANNUAL REPORT

The need for additional accommodation at the **Moorside Council School** was met during the year by the decision to build extensions providing for two extra classrooms for the Junior Mixed Department and two for the Infants' Department. One of the latter is to be equipped as a nursery class. This work when completed will increase the respective accommodations from 400 to 500, and 300 to 390. The total accommodation at this School, viz., 1,610 reflects the need for school clinic services in that part of the district, and during the year the Sub-committee appointed to consider the Authority's programme for Educational Development under Circular 1,444 of the Board of Education, recommended the establishment of a minor ailment clinic at Beechfield House when the portion of that building now used for Education offices is vacated.

Two new schools, namely, **Clifton Council** and **St. Augustine's**, Church of England, were opened in January, 1937. Both operate to reduce the accommodation as shown for these schools on the table given on the previous page. The Clifton School provides accommodation for 96 Mixed and 88 Infants, while St. Augustine's has been designed to hold 240 Senior children. Arrangements have been made for the Junior scholars of the latter school to attend Christ Church School.

Early in the year 1936, the Committee instituted an inquiry into public elementary school accommodation in Pendlebury, with particular reference to the need for providing additional accommodation for children resident in the newly-developed areas on the eastern boundary of the district known as Highfield and Westwood. After taking a census of all the children in the areas and giving full consideration to all the facts, a recommendation was adopted to the effect that a combined Junior-Infants' School was required. It was decided, also, that further consideration of the matter be left until the effect of the reorganisation of the Pendlebury Church of England Schools is definitely ascertainable. In addition to the change brought about in the accommodation provided by the St. Augustine's School referred to above, consideration was given during the year to proposals for alterations and reorganisation in respect of Christ Church School.

School Medical Service Clinics.

No.	Clinic	Mon.	Tues.	Wed.	Thurs.	Fri.	Sat.
1	MINOR AILMENTS : Victoria Park ...	9—10-30 a.m.	9—10-30 a.m.	9—10-30 a.m.	9—10-30 a.m.	9—10-30 a.m.	9—10-30 a.m.
2	OPHTHALMIC : Victoria Park ...	—	—	10—12 noon alternate weeks	—	—	—
3	AURAL : Victoria Park ...	—	10—12 noon alternate weeks	—	—	—	—
4	ORTHOPAEDIC MAS- SAGE, ETC. : Victoria Park ...	1-30—4 p.m.	1-30—4 p.m.	1-30—4 p.m.	1-30—4 p.m.	(Surgeon Once Monthly) 1-30—4 p.m.	—
5	ARTIFICIAL SUN- LIGHT : Victoria Park ...	3—4 p.m.	—	3—4 p.m.	—	—	—
6	NUTRITION : Victoria Park ...	—	—	—	—	—	10--11-30 a.m.
7	MENTAL : Victoria Park ...	—	10-30--12 noon	—	—	—	—
8	DENTAL : Victoria Park ...	9—12 noon	9—12 noon	9—12 noon	Anaesth. Session	9—12 noon	9—12 noon
	Folly Lane ...	2—4-30 p.m.	School Insp'ns	2—4-30 p.m.	2—4-30 p.m.	2—4-30 p.m.	—

2. Co-ordination

The greatest possible degree of co-ordination exists between the School Medical Service and the Public Health Department. The administration of the Service is controlled by the School Medical Officer who is also Medical Officer of Health, Medical Officer for Maternity and Child Welfare, and Certifying Factory Surgeon.

The dental, nursing and clerical staffs are now recommended for appointment by a Joint Medical Services sub-committee thus leading to a unification of the various services made available by the Authority for the supervision and care of child life from the ante-natal stage to the termination of school days and if possible to the time of admission to the scheme for National Health Insurance. This continuation of medical care is claimed in respect of Swinton and Pendlebury. The propaganda of past years which has resulted in (1) a steady increase in the attendances at the ante-natal clinics and (2) the exceptional appreciation of infant welfare centres by the mothers of the district, has contributed towards and is part of the scheme for ensuring a healthier school entrant. The attainment of this end is also assisted by the establishment of nursery classes in the schools for children between three and five years of age.

Another important feature is the use which can be made of the school medical records in the after-school life of Swinton and Pendlebury children by virtue of the School Medical Officer holding the post of Certifying Factory Surgeon, and also as a result of his membership of the Juvenile Employment Committee. Previous acquaintance with boys and girls met with in the factories, together with records of medical inspections, etc., of such young people, have proved of great value, and have emphasised the folly of relegating to the store-room the medical records of boys and girls when they leave school. There is no doubt that the records can be put to very important use in after-school life.

Furthermore, the close co-operation which exists between the School Medical Service and the local Ministry of Labour Employment Exchange, by way of the Juvenile Employment Committee, has done much towards assuring that school leavers are placed in occupations for which they are at least physically suited.

3. School Hygiene

In addition to the provision of new schools previously referred to, steps have been taken during the year towards the improvement and extension of some of the older schools in the district. Both Christ Church and St. Mark's have been the subject of discussion by the authorities concerned, and plans of alterations in respect of the former have been approved by the Board of Education. No year passes without leaving a record of improvements to schools by which the conditions under which children receive their education are assisted towards the high level which present-day standards demand.

4. Medical Inspection.

Routine. The routine medical inspection of school children is confined to the following three groups, and no exception was made during the year 1936 :—

- (i) The entrants, or those not previously examined since their admission to school.
- (ii) The intermediates, or those who have attained the age of 8 years.
- (iii) The leavers, or those who are 12 years of age and have not been examined since reaching that age.

Table I (Appendix) shows the numbers of children examined in the various groups together with the numbers found to require treatment, and Table II contains a classification of the defects found. Twelve schools, involving 24 departments, were visited for the purpose of the inspections. The parents of all children due for inspection were requested to be present to witness the examination, and 801, or 64 per cent., took advantage of the opportunity. The corresponding figures for the previous year were 781 and 56 per cent.

The following tabulation relates to the routine medical inspections during the past seven years, and shows the percentages of children subjected to examination found to require treatment.

PERCENTAGES OF THOSE EXAMINED FOUND TO REQUIRE TREATMENT.

Year	Entrants	Inter- mediates	Leavers	Total
1930	20.8	22.8	18.3	20.9
1931	23.23	25.44	17.47	23.36
1932	17.52	30.13	22.19	23.39
1933	22.79	30.48	19.85	24.08
1934	19.02	18.89	14.15	17.26
1935	7.43	18.39	18.44	14.49
1936	17.67	21.35	9.15	15.91

SCHOOL MEDICAL OFFICER'S ANNUAL REPORT

Special. This heading includes all children of ages other than those included in the routine groups who, in the opinion of the School Medical Officer, the school teachers, or parents, require medical attention. The number of "specials" examined during the year 1936 was 2,789, and a summary of the defects found is contained in Table II. As in the case of routine medical inspections, careful records are kept and the results classified.

Re-inspections. Every child found defective or requiring observation, whether as a "routine" or "special" case, is re-examined from time to time until the condition has been remedied. The total number of re-inspections during the year 1936 was 2,049.

5. Findings of Medical Inspections and 7. Arrangements for Treatment

(a) **Malnutrition.** The nutritional standard of all children seen at the Routine Medical Inspection is classified in Table II B (Appendix). The total number of children to which the table relates is 1,257, which together with 1,394 for the previous year, brings the number of individual children coming under this new method of classification up to 2,651 out of the total school population of approximately 4,650 children. Of those seen in 1936, five only were found to be of "bad" nutritional standard as compared with four out of the 1,394 examined in 1935. The percentage of slightly subnormal children shows an increase, namely 13.52 as against 11.55 for 1935, the respective numbers for these years being 170 and 161. The percentage of subnormal children found at the Nutrition Survey of November, 1934, when 4,268 were examined, was 11.17.

As outlined in previous reports many cases of subnormal nutrition are not found to be associated with deficiency in feeding but due to sickness or other constitutional defect, and by routine inspection and observation in the schools much can be done to improve the standard of fitness in such children. Where for economic reasons an inadequacy of the right food is the cause of malnutrition, the Authority is doing much in the provision of free milk and meals, particulars of which are outlined on page 34

(b) **Uncleanliness.** The total number of examinations of children at the Cleanliness surveys in the schools conducted by the School Nurses was 9,247 and the number found as the result of such examina-

SCHOOL MEDICAL OFFICER'S ANNUAL REPORT

tions to be unclean was 189. Both numbers are much lower than those of the previous year, when the respective totals reached 12,092 and 602. The reduction in the former is due to the personnel of the nursing staff being reduced for periods of the year through changes and sickness. With regard to the lowness of the number of unclean children discovered, no comment can be made, except to say that there has been no change in the mode of inspections—all cases of uncleanliness, *however slight*, are included.

It was not found necessary during the year to cleanse any child by the means which the Authority has available for this purpose. Parents who do not carry out the instructions given to them for cleansing their children are required to bring such children to the School Clinic or if necessary to the Council's Cleansing Station. It is more than two years since an instance demanding enforced cleansing occurred in the schools of this district.

(c) **Skin Diseases.** The combined totals of the various diseases of the skin, viz. 304, represents 7.5 per cent. of the total children examined during the year, as compared with 7.9 per cent. for the year 1935. As in previous years, the majority of cases coming under this heading, namely, 286 out of 304 for the year 1936, were children coming to the clinic with a definite complaint, the high proportion being more due to the high esteem in which the clinic—as a place where minor ailments may receive immediate treatment—is held, than any proneness to skin irritations in the school population. No more than 18 instances of skin diseases were found at the Routine Medical Inspections. The various types of skin disease scheduled are dealt with separately below.

There were three cases of **Ringworm** of the body. All three were recorded under the heading of "Special" Inspections and were treated at the Minor Ailments Clinic. A total of 20 visits to the Clinic was necessary.

Ten cases of **Scabies** were discovered, of which nine were found as the result of Special Inspections and one only at the Routine Inspections. All were treated under the Authority's scheme at the Clinic and 85 attendances were necessary.

Three cases of **Impetigo** were found at the Routine Inspections and 158 at the Special Inspections as compared with 2 and 152 respectively in the previous year. In the treatment of these children, one

SCHOOL MEDICAL OFFICER'S ANNUAL REPORT

only was treated by private arrangement, the remaining 160 attending the Authority's clinic. The attendances at the latter totalled 1,753 as compared with 1,552 in the year 1935.

Children suffering from **Other Skin Diseases** (non-tuberculous) reached a total of 130, 14 belonging to the Routines and the remainder to the Special Inspections. Four cases were treated by means other than the Authority's Scheme, and 123 at the Minor Ailments Clinic. The number of attendances for treatment involved by the latter was 811.

(d) **Eye Conditions.** There were ten cases of **External Eye Diseases** found at the Routine Inspections and 138 at the Special Inspections. All, except two of the latter, were referred for treatment. The corresponding numbers for 1935 were: nine at the Routine Inspections and 199 at the Special Inspections. Of the 146 cases requiring treatment, 141 attended the Minor Ailments Clinic and five were treated by private practitioner or by some other means available to the parents. The children seen at the Clinic made a total of 876 attendances.

The number of new cases of **Defective Vision and Squint** was 83 and seven discovered at the Routine Inspections and 28 and 18 respectively at the Special Inspections. The number requiring treatment in respect of defective vision was 97 and in respect of squint, 23, making a total of 120 new cases referred to the Ophthalmic Surgeon as compared with 114 in the previous year.

The total number of defects dealt with at the Authority's **Ophthalmic Clinic** was 364. An additional two were treated by private arrangement. Of the 364 defects, 331 belong to the heading **Errors of Refraction** and 33 to the heading **Other Eye Defects** excluding minor eye defects treated at the Minor Ailments Clinic. The grand total of 366 cases receiving treatment compares with 362 for 1935 and 335 in the year 1934.

The number of Ophthalmic Clinic sessions held during the year was 30, the number of individual cases examined 281, and the total attendances 571. The corresponding figures for 1935 were, 42, 362, and 691 respectively. Spectacles were prescribed by the Ophthalmic Surgeon in 124 cases, and of this total 120 children were provided with spectacles under the Authority's scheme. Two children who were treated otherwise than by the Authority's scheme were found to have been duly provided with spectacles.

SCHOOL MEDICAL OFFICER'S ANNUAL REPORT

The list below is a summary of defects treated by the Ophthalmic Surgeon (Dr. Gordon Renwick) during the past three years.

CONDITIONS TREATED.						1934	1935	1936
REFRACTIVE ERRORS.								
Hypermetropia	...	...	...	...	...	53	74	58
Myopia (under 6 dsph)	...	...	...	...	...	21	28	18
Myopia (over 6 dsph)	...	...	...	...	...	5	6	5
Hypermetropic Astigmatism	...	...	...	...	...	10	16	10
Compound Hypermetropic Astigmatism	...	...	...	...	...	71	92	84
Myopic Astigmatism	...	...	...	...	...	2	11	4
Compound Myopic Astigmatism	...	...	...	...	...	24	30	21
Mixed Astigmatism	...	...	...	...	...	25	45	40
Emmetropia	...	...	...	...	...	5	5	3
Anesometropia	...	...	...	...	...	12	15	15
DISEASES OF CONJUNCTIVA AND LIDS.								
Conjunctivitis	...	...	...	...	...	13	14	10
Blepharitis	...	...	...	...	...	11	6	4
Hordeolum	...	...	...	...	...	5	1	1
Chalazion	...	...	...	...	...	2	6	4
DISEASES OF MUSCLES.								
Convergent Strabismus	...	...	...	...	...	67	73	70
Divergent Strabismus	...	...	...	...	...	3	3	3
DISEASES OF CORNEA AND IRIS.								
Ulcer of Cornea	...	...	...	...	...	2	4	3
Phlyctenular Keratitis	...	...	...	...	...	5	3	5
Nebula Cornea	...	...	...	...	...	6	5	4
Adherent Leucoma	...	...	...	...	...	1	1	1
Optic Atrophy	...	...	...	...	...	4	3	—
CONGENITAL ANOMALIES.								
Albinism	...	...	...	...	...	1	1	2
Cataract	...	...	...	...	...	4	5	2
Lachrymal Obstruction	...	...	...	...	...	2	2	3
Nystagmus	...	...	...	...	...	—	—	4
Persistent Pupillary Membrane	...	...	...	...	...	—	—	1
Buphthalmos	...	...	...	...	...	—	—	1
Paralysis External Rectus	...	...	...	...	...	—	—	2
DISEASES OF CHOROID AND OPTIC NERVE								
Central Choroiditis	...	...	...	...	...	—	—	2
Choroidal Rupture	...	...	...	...	...	—	—	1
Optic Atrophy	...	...	...	...	...	—	—	2

Treatment of Squint. An addition to the Authority's scheme for the treatment of eye defects was introduced during the year by the conclusion of an arrangement with the Royal Manchester Eye Hospital for the attendance at the hospital of Swinton and Pendlebury children in need of **Orthoptic** treatment. All children attending the hospital are sent on the recommendation of the Ophthalmic Surgeon, and from the time of the initiation of the scheme in February, 1936, to the end of the year 19 cases received treatment at the Hospital's Orthoptic Clinic. The arrangement with the hospital also includes provision for payment of 2/- per attendance. The number of attendances involved in the treatment of the 19 cases referred to above was 138. It must be noted, too, that the Borough Council makes an annual subscription of fifteen guineas to the funds of the hospital.

The following is a list of cases sent to the Royal Manchester Eye Hospital for treatment during the year : 5 Ulcer of Cornea, 3 Cataracts, and 3 Chalazion.

SCHOOL MEDICAL OFFICER'S ANNUAL REPORT

(e) **Nose and Throat Defects.** The defects coming under this heading are scheduled in TABLE II A (Appendix) in four categories, namely : Tonsils, Adenoids, Tonsils and Adenoids, and other conditions. The grand totals referred from the Routine Inspections were 46 for treatment and 56 for observation as compared with 51 and 74 respectively for the previous year. The Special Inspections revealed 221 cases requiring treatment and 18 for observation, the corresponding numbers for 1935 being 221 and 31. Full inquiries are made as to the avenues open for treatment by private arrangement, and, if there are none, the names of children are listed and called up for examination at the Authority's Aural Clinic.

A total of 299 cases received treatment during the year. Two received operative treatment under the Authority's scheme for adenoids, and 84 received similar treatment for tonsils and adenoids. A further seven children received operative treatment for tonsils and adenoids by private arrangement, making a grand total of 93 receiving operative treatment. The total of 299 compares with 258 in the previous year, and the number receiving operative treatment, namely 93, compares with 105 for 1935.

Twenty-three sessions of the Aural Clinic were held during the year; 260 children were examined, and the attendances reached a total of 418. The corresponding numbers for 1935 were : 23 sessions 258 children, and 411 attendances. The figures set out below are those submitted by Mr. E. S. Burt Hamilton, Consulting Aural Surgeon, in respect of defects observed at the Authority's Aural Clinic during the past three years.

(f) **Ear Disease and Defective Hearing.** Two new cases of **defective hearing** were discovered during the year. Both were noted at the Routine Inspections, one being referred for immediate treatment and the other detailed for observation. Under the other categories of this heading, namely **Otitis media** and **other ear diseases**, 55 and 12 respectively were referred for treatment or observation.

Sixty-two children were treated at the Minor Ailments Clinic, and 2,065 attendances were made for treatment. The number of these attendances for Otorrhoea alone was 2,035.

The report of the Aural Surgeon set out on the following page gives particulars of ear diseases treated at the Aural Clinic during the past three years.

SCHOOL MEDICAL OFFICER'S ANNUAL REPORT

CONDITIONS TREATED.							1934	1935	1936
EAR (excluding Tonsil and Adenoid Cases)									
Otitis externa	...	...	...	...	...	...	2	1	2
Cerumen only	...	...	...	...	...	...	1	4	—
Non-suppurative ear disease	...	...	...	...	...	...	8	10	7
Acute suppurative Otitis media	...	...	...	...	...	...	15	7	10
Chronic suppurative Otitis media	...	...	...	...	...	...	23	6	20
Results of C.S.O.M.	...	...	...	...	...	...	8	5	5
NOSE (excluding T and A cases)									
Nasal discharge	...	...	...	...	...	...	10	20	21
Epistaxis	...	...	...	...	...	...	1	3	1
Deflected Nasal Septum, injuries, etc.	...	...	...	...	...	...	11	7	5
Atrophic Rhinitis	...	...	...	...	...	...	2	2	2
TONSIL AND ADENOID operation recommended							180	166	175
Chief Indications :—									
Repeated Tonsillitis	...	...	...	...	...	...	40	42	33
Nasal obstruction from Adenoids	...	...	...	...	...	...	35	24	23
Adenitis	...	...	...	...	...	...	45	32	57
Bronchitis	...	...	...	...	...	...	22	14	20
Rheumatism	...	...	...	...	...	...	6	4	1
Aural disease due to Adenoids	...	...	...	...	...	...	25	33	30
Re-operation—recurrent tonsillitis	...	...	...	...	...	...	2	1	—
Diphtheric carrier	...	...	...	...	...	...	1	—	—
General ill-health due to Tonsils and Adenoids	...	...	...	...	...	...	2	15	9
Speech defects	...	...	...	...	...	...	2	1	2
THROAT other than above									
Acute Pharyngitis	...	...	...	...	...	...	—	5	1
Laryngitis	...	...	...	...	...	...	1	2	—
Post-diphtheria paresis	...	...	...	...	...	...	1	—	—
Congenital Syphilis	...	...	...	...	...	...	—	1	—
CASES INSPECTED or postponed							28	19	11

(g) **Dental Defects.** The statistics required by the Board of Education in respect of the work of the Authority's Dental Clinics are contained in Table V (appendix). Additional information is set out in the table on page 26.

Mr. Bakewell, Dental Surgeon, makes reference in his report, which is reprinted here in full, to the reduction in the number of children examined this year as compared with 1935. The figures under (a) below quoted by Mr. Bakewell relate to routine visits to schools only, and do not include special inspections which show an increase from 832 in 1935 to 1,038 in 1936.

The Dental Surgeon writes as follows :—

“ Comparison of the statistics for 1935 with those for 1936 demonstrates two discrepancies—

(a) The number of children examined in 1935 was 3,612 as against 2,227 in 1936.

(b) The number of operations performed under local anæsthesia in 1935 was 172, as against 552 in 1936.

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“ As stated in the report for 1935 the aim of the dental department is to treat conservatively any dental lesion however minute. The achievement of this object has necessitated an increased number of visits per patient, with a consequent reduction in the number of patients treated. Hence, fewer children were examined to keep the waiting list within reasonable limits and also to allow extra sessions for operative treatment. It is generally agreed throughout the dental service that it is wiser to render a smaller number completely dentally fit, than to attend a larger number without attaining this standard. Incidentally, frequent visits to the clinic enable the staff to become personally acquainted with the patients, and thus to stimulate their interest in dental hygiene.

“ Prior to 1936 most extractions were performed under a general anæsthetic. However, by the increased employment of local anæsthesia it has been possible to complete many operations and thus relieve the anæsthetic waiting list, in addition to accelerating this essential radical treatment. It has recently been proved that there is a definite relationship between the septic temporary dentition and the chronically enlarged tonsil, and that such a local pathological condition as is found in these mouths does lessen the local resistance to the entry of organisms through the mucous membrane of the throat. In its turn the throat is a recognised portal of entry for many of the infective and infectious conditions to which childhood is liable. Hence it is most essential that young children should receive immediate dental attention as soon as such a septic condition is discovered. By reducing the anæsthetic waiting list, as mentioned above, it is hoped to attain a more intensive service to the infant schools which contribute the majority of patients requiring treatment under a general anæsthetic.

“ In conclusion, I desire to express my gratitude to the nurses and members of the teaching profession for their continued co-operation and interest in dental work.”

Following up the comparison of statistics, the number of children found to require treatment out of the total of 2,227 seen at the Routine Dental Inspections was 1,734, or 77·8 per cent., as compared with 54 per cent. in 1935, 51 per cent. in 1934, and 47 per cent. in 1933. The new policy of the School Dental Service “ to treat conservatively any dental lesion however minute ” dating as it does from the time Mr. Bakewell commenced duties with this Authority, namely, the 6th January, 1936, is borne out in the foregoing percentages of children found to require treatment. Though at first sight the policy may be

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criticised on the grounds that there must be many children in need of dental treatment who fail to come to the notice of the Dental Service at least for several years, it must be pointed out that there are several factors operating to make the criticism nugatory at least in the case of Swinton and Pendlebury. In this district the School Medical Services are well known and well supported by teachers, parents and by all people concerned in the welfare of children, with the result that children showing obvious signs of ailment are brought by some means or other to the School Clinic. The number of children referred to the Dental Clinic by this "special" route during the year 1936 was 1,038, or 206 more than by the same means in 1935. The numbers for the previous three years were as follows : 1935, 832 ; 1934, 797 ; and 1933, 942.

Another important step in the development of the Authority's Dental Service was accomplished during the year, namely, an arrangement was made with the Dental Hospital, Manchester, for the treatment of **Orthodontic** cases (overcrowding and irregularity of the teeth) under which children requiring such treatment are referred by the Dental Surgeon to the Orthodontic Clinic at the Hospital. The arrangement includes a scale of payments to be borne by this Authority in respect of cases referred by the Authority's Dental Surgeon.

The **Dental Anæsthetic Clinic** is held one session per week during the school term, and supplemented by extra sessions when required to reduce a lengthy waiting list. Forty-seven sessions were held during the year 1936, and 745 general anæsthetics administered, the latter being classified as follows :—

No. of Routine Cases	...	...	...	...	370
No. of Specials and Emergencies	...	...	...	...	309
No. of Children under 5 years of age	...	...	...	...	66
					<hr/>
					745

Dr. O'Grady the visiting Anæsthetist reports as follows :—

" As in previous years the routine anæsthetic employed is gas and oxygen, combined with ethyl chloride ; except in the case of very young children, when gas and oxygen alone is used. This anæsthetic is pleasant to take and normal healthy children are not frightened by it. During the eleven years I have been administering anæsthetics at this Clinic, I have not had a single case about which I have had any real anxiety after the anæsthetic has been given. The after-effects are, in the majority of

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cases, negligible. In the few cases in which vomiting has occurred after the anæsthetic, the cause has invariably been that the child has been given a meal before coming to the Clinic. This is, of course, contrary to the instructions which are issued to the parents, the importance of which is not always realised by parents.

“ Each child is examined by me before the anæsthetic is administered as regards general health. If there is any doubt as to the child's fitness for an anæsthetic I interview the parent. If necessary, the child is then referred either to the School Medical Officer or to the family doctor.

“ In practically every case the child is fit to return to school on the following morning, and many are fit to return the same afternoon.”

Dental Clinic in 1936.

Nature of Work Done	Routines	Specials	Under 5	Total
Attendances at Clinic	2676	1078	154	3908
Attendances at Clinic for other purposes than Treatment	150	401	65	616
Appointments :				
Made	3120	1127	173	4420
Kept	2676	1078	154	3908
Broken	444	49	19	512
New Patients	103	189	120	412
From Former Years	1029	715	14	1758
Repeated Treatments	1544	174	20	1738
Fillings :				
Temporary	460	58	17	535
Permanent	1304	33	—	1337
Total Number of Fillings	1764	91	17	1872
Extractions :				
Temporary	1271	1133	184	2588
Permanent	435	284	—	719
General Anaesthetics	307	309	66	682
Local Anaesthetics	329	221	2	552
Other Operations :				
Temporary	33	33	1	67
Permanent	175	20	—	195
Scalings :				
Temporary	—	—	1	1
Permanent	192	7	—	199

(h) **Orthopædic and Postural Defects.** The number of children found at the Routine and Special Inspections to be in need of treatment for some form of crippling defect was 33 as compared with 36 in the previous year. A further 8 children were referred for observation. This category is sub-divided as shown in Table II. A (Appendix) into three headings : Rickets, Spinal Curvature, and other forms of crippling defects, and it is noteworthy that again, as in 1935, the only instance of Rickets was that met with at the Routine Inspections and referred for observation.

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Eleven sessions of the **Orthopædic Clinic** were held during the year 1936 as compared with 11 in 1935. Mr. Robert Ollerenshaw, Orthopædic Surgeon, was in attendance on each occasion, together with the Masseuse. The latter was also in attendance daily from 1-30 to 4-30 p.m. to carry out prescribed treatment in massage and remedial exercises, together with electrical treatment. The total number of sessions held by the Masseuse was 208.

The table given below sets out the diseases treated, together with the attendances at the Orthopædic Clinic and the Remedial Exercises Clinic. The examinations made by the Orthopædic Surgeon totalled 309 in eleven sessions, as compared with 311 in a similar number of sessions in 1935. The totals for the Massage and Remedial Exercises Clinic for 1936, namely, 208 sessions and 2,516 attendances compares with 219 sessions and 2,819 attendances for 1935. The numbers include 991 and 1,268 in the respective years for Artificial Light treatment.

Orthopædic and Postural Defects.

Disease	No. of Examinations by Orthopaedic Surgeon		No. of Attendances for Treatment by Masseuse		Total Attend- ances
	Under 5	Over 5	Under 5	Over 5	
Infantile Paralysis ...	7	2	73	—	82
Congenital Talipes ...	14	—	2	—	16
Hemiplegia ...	—	4	—	45	49
Rickets ...	42	4	59	—	105
Birth Paralysis ...	—	1	1	29	31
Congenital Deformity	11	1	2	23	37
Injury ...	—	8	5	101	114
Pes Planus ...	1	25	2	188	216
Remedial Exercises ...	—	23	15	578	616
Various ...	88	75	59	343	565
Artificial Light ...	—	—	572	419	991
Totals ...	163	143	790	1726	2822

The cases receiving hospital treatment are as follows : Osteomyelitis, 1; Snapping thumb, 1; Pes cavus, 1. Eight cases were admitted to hospital in the previous year. Splints, appliances, etc., were provided in 54 instances as against 46 in the previous year; and the number of X-ray examinations 38, as compared with 16 in 1935.

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The numbers of individual cases attending the **Artificial Sunlight Clinic** are shown in the table below. Attendances of children over five years of age reached a total of 419, against 624 in the previous year, and of those under five years 572, as compared with 644 in 1935. The clinic is conducted under the direct supervision of the School Medical Officer, and the treatments are undertaken by the Masseuse on four sessions per week.

Conditions Treated by Artificial Sunlight.

Disease Treated	Individual Treatments			Results		Failure to complete Course
	Boys	Girls	Total	Improved	Stationary	
Rickets	6	2	8	4	—	4
Bronchitis	5	7	12	9	—	3
Cervical Adenitis	4	4	8	6	—	2
Malnutrition & Debility	15	9	24	17	3	4
Enuresis	3	6	9	6	1	2
Alopecia	1	—	1	1	—	—
Anaemia	2	2	4	4	—	—
Other Conditions ...	10	12	22	12	2	8
TOTALS	46	42	88	59	6	23

(i) **Heart Disease and Rheumatism.** Nine children at the Routine Inspections and 5 at the Special Inspections were found to have **organic heart disease**. Four were referred for treatment. The total from both inspections, i.e., 14, compares with 29 in the previous year.

Under the heading of **functional heart disease**, eleven children were recorded. One child necessitated immediate treatment, the remainder being scheduled for observation.

There were 32 children found to be suffering from **anæmia**, of whom 23 were referred for treatment. The corresponding figures for the year 1935 were 43 and 34.

(j) **Tuberculosis.** No new cases of this disease were discovered at the inspections during the year.

Dr. George Jessel, M.D., D.P.H., Consultant Tuberculosis Officer, Lancashire County Council, has kindly submitted for inclusion in this report the following particulars of treatment received by tuberculous children residing in the Borough of Swinton and Pendlebury during the year ended 31st December, 1936.

Treatment of Tuberculosis in Children:

Admitted to Sanatoria	...	...	...	...	...	—
Admitted to Pulmonary Hospitals	...	...	...	...	...	—
Admitted to General or Special Non-Pulmonary Hospitals						2
Granted "Light" Treatment	...	...	...	...	...	2
Granted X-Ray Examination	...	...	...	...	...	5
Granted Dispensary Supervision	...	...	...	...	...	12
Granted Dispensary Supervision with provision of special nourishment	...	...	...	...	...	—
Under supervision at the end of the year	...	...	...	...	...	12
Recovered and taken from Register	...	...	...	...	...	—

The cases under supervision at the end of the year have been classified as follows :—

Pulmonary	...	...	...	...	...	...	1
Non-Pulmonary	...	...	...	...	...	...	11
Combined (Pulmonary and Non-Pulmonary)	...	...	...	...	...	...	—

(k) **Lung Diseases other than Tuberculosis.** The number of cases scheduled under this category reached a total of 105 in comparison with 103 in the previous year. Bronchitis was responsible for 76 of this total, 19 being found at the Routine Inspections and 57 at the Special Inspections. Children suffering from the effects of bronchitis are referred for treatment at the School Clinic and allowed cod-liver oil. In some instances they may be recommended in addition, artificial sunlight treatment.

(l) **Enlarged Cervical Glands.** The number of children found during the year to have enlarged glands of the neck (non-tuberculous) was 92 as compared with 55 in 1935. Those requiring treatment reached a total of 74, the remainder being referred for observation. In the treatment of this condition the causative factor is sought and the appropriate treatment applied. The latter is often followed by a course of general and local artificial sunlight. The causative factor is commonly found to be impetigo, septic sores, dental caries or unhealthy enlarged tonsils.

(m) **Speech Defects.** Of the 1,257 children examined at the Routine Inspections one child was found to have some defect of speech. The defect was not so pronounced as to warrant immediate action and the child is being kept under observation. Four cases came under the heading of "Special" inspections, being referred to the medical staff with special reference to the defect in their speech. Two were referred for treatment.

Minor Ailments Clinic.

TREATMENTS.

Disease	No. of Treatments	
	1936	1935
Impetigo	1,753	1,552
Scabies	85	107
Ringworm of Head	—	—
Ringworm of Body	20	3
Other Skin Diseases	811	1,309
Blepharitis	140	777
Conjunctivitis	487	969
Corneal Ulcer	22	—
Other Eye Disease	227	386
Otorrhoea	2,035	2,521
Other Ear Disease	30	108
Nose and Throat	293	57
Miscellaneous and Minor Injuries	5,133	4,541
TOTALS	11,036	12,330

Minor Ailments Clinic.

INSPECTIONS.

Disease	Special Inspections		Re-Inspections	
	1936	1935	1936	1935
Malnutrition... ..	4	3	10	6
Uncleanliness—Head	1	1	1	4
Ringworm—Head	—	1	—	1
Body	3	1	2	—
Scabies	9	14	29	54
Impetigo	158	152	20	20
Other Skin	115	129	60	68
Blepharitis	17	32	2	8
Conjunctivitis	70	106	16	76
Corneal Ulcer	4	—	7	—
Defective Vision	28	18	13	15
Squint	18	17	4	6
Other Eye Disease	45	61	8	17
Defective Hearing	—	3	—	—
Otorrhoea	46	46	27	34
Other Ear Disease	10	22	7	20
Adenoids	7	5	3	6
Chronic Tonsillitis	50	54	29	47
Chronic Tonsillitis and Adenoids	7	11	63	39
Other Nose and Throat	170	181	143	250
Enlarged Cervical Glands	61	38	39	35
Speech	3	1	—	1
Teeth... ..	132	146	23	27
Heart—Organic	5	4	25	16
Functional	1	6	5	8
Anaemia	16	21	25	56
Bronchitis	57	80	83	114
Other Non-T.B. Chest	18	7	18	22
Phthisis	—	—	—	—
Suspected Phthisis	—	—	—	—
T.B.—Glands	—	1	—	1
Other Bones and Joints	—	—	—	—
Other Forms	—	2	—	—
Nervous System—Epilepsy	3	—	14	5
Chorea	11	6	15	7
Other Forms	3	8	2	7
Deformities—Rickets	—	1	—	1
Spinal Curvature	2	1	1	2
Other Deformities	25	25	14	30
Minor Injuries	711	483	68	43
Other Defects and Diseases	952	752	723	801
TOTALS	2,762	2,439	1,499	1,847

6. Following Up

The number of visits paid by the School Nurses to the homes of children found at the routine or other inspections to be suffering from some defect was 448 as compared with 538 in the previous year. The following table indicates the types of visits made by the nurses and the number of visits paid under each heading during the past three years :—

	1934	1935	1936
1. Number of Children examined in School for infectious disease	4955	5303	3977
2. Visits to homes regarding children who have not presented themselves for dental treatment... ..	96	120	21
3. Visits to homes regarding children found at Routine inspections to be in need of treatment	485	418	427
4. Number of children seen in school regarding the wearing of spectacles	962	664	383
5. Number of such children found not wearing spectacles and in respect of whom appropriate action was taken	114	96	67

Visits coming under No. 1 above relate to visits to schools and involve the examination of all children in the class in which a case of infectious disease has recently been in attendance. On these occasions children showing any suggestive symptoms are, in the case of diphtheria outbreak, “swabbed,” the specimens thus taken being submitted for bacteriological examination. The vigilance of the School Medical Service in this respect does much to check the spread of infectious disease.

The second and third categories relate entirely to visits in the homes. The parent who will not co-operate in the treatment of her child is still not uncommon. Such cases are of great concern to the School Medical Service, and form an important part of its following-up scheme.

The fourth category, i.e., children seen in school regarding the wearing of spectacles, is part of the Authority's Scheme for Ophthalmic treatment. Children found to be in such need are provided with spectacles at the reduced rate made possible by the Authority, and the nurses visit the school periodically to see that the provided glasses are worn. It will be noted that there were 67 instances in which children who had received spectacles were found not to be wearing them. In such cases the parent is advised and warned of the importance of insisting that the child should wear the spectacles. The school teacher is also notified and asked to co-operate.

8. Infectious Diseases

The number of children examined in schools in connection with infectious diseases totalled, as shown in the previous section, 3,977, as compared with 5,303 in the previous year. The table below gives the numbers of infectious diseases found in school children during the past three years :—

NOTIFIABLE INFECTIOUS DISEASES :							1934	1935	1936
Scarlet Fever	...	...	...	...	...	...	47	37	85
Diphtheria	...	...	...	...	...	...	88	34	50
Pneumonia	...	...	...	...	...	...	5	1	4
Pulmonary Tuberculosis	...	...	...	...	...	...	1	2	3
Non-pulmonary Tuberculosis	...	...	...	...	...	...	2	3	2
NON-NOTIFIABLE INFECTIOUS DISEASES :									
Measles and German Measles	...	...	...	...	...	...	309	5	581
Whooping-Cough	...	...	...	...	...	...	92	88	58
Chicken-pox	...	...	...	...	...	...	96	140	87
Mumps	...	...	...	...	...	...	5	—	511

It was not considered necessary during the year 1936 to order the temporary closure of any school as a result of infectious disease, although outbreaks of measles in the early part of the year reduced the attendances in some schools to a very low percentage. The following is a list of low attendance certificates issued by the School Medical Officer. The total of 15 certificates compares with 7 in the previous year and 18 in 1934.

LOW ATTENDANCE CERTIFICATES—1936.

School		Period From To		Nature of Epidemic	Percentage in Attendance
St. Peter's Inf.	...	10 Feb.	14 Feb.	Measles	56.4
" "	...	17 "	21 "	"	49.9
" "	...	24 "	28 "	"	Below 60
St. Paul's Inf.	...	2 Mar.	6 Mar.	"	51.7
" "	...	9 "	13 "	Measles and Whooping Cough	55.9
" "	...	16 "	20 "	Measles	55.2
" "	...	23 "	27 "	"	52
" "	...	30 "	3 Apl.	"	54.7
St. Aug. Inf.	...	30 "	3 "	"	58.1
" "	...	6 "	8 "	"	56.6
St. Paul's Inf.	...	6 "	8 "	"	57.1
St. Mary's Inf.	...	6 "	8 "	Whooping Cough	57.3
Cromwell Rd. Inf.	...	6 "	8 "	Measles	56.7
St. Aug. Inf.	...	20 "	24 "	"	58.5
Moorside C. Inf.	...	2 Nov.	6 Nov.	Mumps	59.4

As in previous years facilities were offered for **Immunisation** against diphtheria not only through the School Clinic, but also through private medical practitioners. Thirty-four children were immunised at the School Clinic as compared with 18 in the previous year.

Immunisation serum is supplied to medical practitioners upon request, but no figures are available.

9. Open-Air Education

As in previous years, the Children's Seaside Fund arranged for a batch of Swinton and Pendlebury children to spend a holiday at Conway, North Wales. This year, 206 children benefited as compared with 183 in 1935. The Local Education Committee makes an annual grant of £100 to the Fund. The total net cost to the fund for the year 1936 was, however, £336.

Two other arrangements of note carried out during the year are the visits of 50 boys from Cromwell Road School to Devonshire from the 21st to the 29th May, and of 40 boys from Moorside Senior School to Fleetwood for a week in June.

Towards the latter part of the year, a sub-committee was appointed to consider the question of making annual provision for School camps and journeys, and as a result the Education Committee have resolved to allow £100 for this purpose in 1937/38.

10. Physical Training

The Board of Education issued two Circulars during the year, Nos. 1,445 and 1,450, dealing with Physical Education and the Provision of Clothing and shoes for Physical Training.

The purpose of **Circular 1,445** is to impress upon Authorities the importance of making adequate arrangements for physical education. Its scope is very wide, and covers physical education for the community as a whole in addition to providing detailed guidance in respect of the physical training of the school child. The Circular appreciates fully and expresses with elucidation the importance of treating the subject as one of vital interest to the health of the whole population.

As a Part III Educational Authority the Committee was able to consider only those matters affecting the public elementary schools, viz., Sections I, II, and IV. Special consideration was given to the provision of additional school playing fields and the appointment of a man and woman Physical Organiser. In connection with the latter appointments it was finally decided to co-operate with the adjacent Boroughs of Eccles and Leigh, the total salaries payable being shared equally between the three Authorities, as also the time devoted by the organisers to their duties in each area.

It should not be overlooked that the suggestion contained in the Board's Circular is that such organisers "**should in fact be the recognised guide and adviser for the Community as a whole in matters relating to physical exercises and recreation, and his or her work should not be limited to Elementary Schools or even to schools of any type . . . such services should be freely available to voluntary organisations and for co-ordinating their schemes with those of the Authority.**" Such supervision should do much to safeguard the dangers of physical exercise disproportionate to the age and physical capacity of the individual, especially where there exists close co-operation between organiser, teacher, voluntary organisation and school medical service. The object of organised physical exercise is not to produce the over-developed muscular type of individual who is generally short-lived and often not tolerant to resistance to disease, but rather to provide that education in exercise and leisure should be of a kind which will help the individual to maintain a sound standard of physical fitness and resistance to disease.

With regard to **Circular 1,450** there is no more urgent requirement than the provision of suitable clothing (the property of the Local Education Authority) as suggested by this circular. While children of to-day are less overclothed than in the past, it is unreasonable to expect that full advantage can be taken of physical exercise when hampered by everyday clothing, and the perspiration such exercise causes is a frequent cause of "chills." The more strenuous nature of the exercise in the case of senior scholars has induced the Board to recommend provision generally only for senior departments.

The Board refers in this circular to "the analogous question of the provision of footwear for everyday use for necessitous children," and urges Education Committees to investigate cases reported to them, and in special circumstances to pass on information to the appropriate body such as Public Assistance Committee or Voluntary Organisations.

11. Provision of Meals

The Director of Education, in whose office full records of meals supplied to school children are kept, has again provided the figures necessary to complete the accompanying table. The table furnishes a year-to-year comparison of the numbers of meals provided by the Authority free of cost to the parents of the children participating, and also the number of children taking advantage of the special facility under which a one-third of a pint bottle may be purchased at half-penny.

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This facility was provided by the Milk Marketing Board and reference has been made in previous reports to the amazing increase which took place on the inception of the scheme, namely, from 1,224 children immediately before to 3,162 within one week after the introduction of the scheme on the 1st October, 1934. Owing to the absence of records, the figures of children receiving milk at cost prior to 1935 are not shown. During that period the number varied between 1,000 and 1,500.

PROVISION OF MEALS AND MILK

Year ending 31st March	Number of Meals			Individ'l children receiv'g free meals	Number of free milk meals	Individ'l children receiv'g free milk	Total children receiv'g free meals	Number children paying for milk
	Break-fasts	Dinners	Total					
1932	17,061	18,131	35,192	156	—	—	156	—
1933	22,023	23,672	45,695	176	—	—	176	—
1934	20,459	27,499	47,958	225	—	—	225	—
1935	21,152	27,269	48,421	142	6,618	248	295	3,258
1936	16,270	21,695	37,965	164	36,869	336	383	2,541

12, Co-operation

The degree of co-operation extended by **parents** continues to be good. During 1936, the number of parents attending at the routine inspections was 801, or 64 per cent. of the total possible. Parents accompanying their children to the various special clinics of the Authority also form a high percentage of the children attending and show themselves very appreciative of the advice given regarding their children's health.

The keen interest shown by parents in the contact of the School Medical Service with their children is undoubtedly one of the best testimonials to the efficiency of the Service.

Acknowledgment is again recorded of the valued co-operation of the **teaching staffs** and the **School Attendance Officers**. Full appreciation by these servants of the Authority that their co-operation with the School Medical Service is of inestimable value, does much to make the Service the effective force which it is meant to be, and is of great satisfaction to those who are responsible for the administration of the department.

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As is the practice in this Section of the Annual Report each year, acknowledgment is made of the very important assistance extended by **voluntary organisations**, in particular the National Association for the Prevention of Cruelty to Children, the local branch of the British Legion, and the Children's Seaside Fund. A practice again continued is that of setting out full details of Swinton and Pendlebury cases receiving the assistance and kindly attention of officers of the N.S.P.C.C., the aim being to provide a permanent record of the work done by this institution in the interests of Swinton and Pendlebury children.

CASES DEALT WITH BY THE N.S.P.C.C. IN SWINTON AND PENDLEBURY DURING THE YEAR ENDED 31ST DECEMBER, 1936.

Case No.	Nature of Complaint	No. of Children	No. of Visits	Result.
6385B	Neglect ...	2	7	Satisfactory.
6391B	Advice sought ...	2	4	"
6395B	Neglect ...	2	3	"
6396B	Advice sought ...	3	4	"
6397B	Ill-treatment ...	1	6	"
6402B	Advice sought ...	3	2	"
6409B	Advice sought ...	1	5	"
6414B	Advice sought ...	1	8	"
6433B	Advice sought ...	5	6	"
6439B	Ill-treatment ...	1	6	"
6445B	Neglect ...	1	6	"
6446B	Advice sought ...	2	2	"
6450B	Other wrongs ...	1	6	"
6451B	Neglect ...	4	5	"
6455B	Advice sought ...	1	11	"
6456B	Advice sought ...	2	5	"
6475B	Ill-treatment ...	2	5	"
6479B	Ill-treatment ...	3	2	Left District.
6496B	Advice sought ...	4	5	Satisfactory.
6500B	Ill-treatment ...	1	7	"
6519B	Advice sought ...	2	2	"
6522B	Advice sought ...	1	4	"
6532B	Neglect ...	1	5	"
6538B	Advice sought ...	1	2	"
6579B	Advice sought ...	2	4	"
6581B	Advice sought ...	4	7	Left District.

13. Blind, Deaf, Defective, and Epileptic Children

A complete summary of the children to which this section of the Report relates is given in Table III (Appendix). The grand total of 252 compares with 275 for the previous year.

Blind Children. At the end of the year 1936, there were four children of this district in an institution for the partially blind. An additional two partially blind children were in attendance at public elementary schools, thus making a total of six partially blind children in the district at the end of the year, as compared with a total of seven on the Register at the end of the previous year. Partially blind children not in special schools are asked to attend the Authority's Ophthalmic Clinic periodically for examination by the Ophthalmic Surgeon.

Deaf Children. There were two deaf children and two partially-deaf children on the Register at the end of the year. One deaf child and one partially deaf are in institutions for deaf children. The remaining two are in attendance at public elementary schools.

Mentally Defective Children. No case necessitating notification under the Mental Deficiency (Notification of Children) Regulations, 1928, was met with during the year.

The number of feeble-minded children on the Register at the end of the year was 11, six of whom were in attendance at public elementary schools. The remainder are over school age, but under 16 years.

A summary is given of feeble-minded children in relation to their suitability or otherwise for attendance at Special Classes or Special Schools. The final portion of the table, i.e., relating to ineducable children, covers those children who have been notified to the Local Mental Deficiency Authority as being incapable of receiving benefit from instruction at a Special School. These children, although still residing in this district, are the responsibility of the Local Mental Deficiency Authority.

	Suitable for Special Class		Suitable for Special School		Ineducable	
	Attending School	Not Attending School	Attending School	Not Attending School	Attending School	Not Attending School
Boys	—	1	2	2	—	5
Girls	—	—	4	2	1	2
Total	—	1	6	4	1	7

SCHOOL MEDICAL OFFICER'S ANNUAL REPORT

Epileptic Children. On the 31st December, 1936, there were five children in the district suffering from severe epilepsy. Two new cases were discovered at the Routine Medical Inspections. The supervision of the department was continued during the year over all cases of epilepsy, whether minor or severe.

Physically Defective Children. This, the last heading in the list of exceptional children in the area, is sub-divided into four categories namely, tuberculosis, crippling defects, delicate children, and children with heart disease, and particulars relating to each are set out in Table III (Appendix).

Children suffering from some form of **Tuberculosis** receive the attention of the County Tuberculosis Department. The Authority's scheme for the examination and treatment of children suffering from **crippling defects** is adequate, and an account of the work done during 1936 is outlined in Section 5 (*h*) of this Report. Children coming under the remaining two categories, namely, **delicate children** and **children with heart disease**, are provided for as far as possible at the Authority's Day Open-air School.

Open-Air School

Plans for the erection of a new open-air school in place of the present buildings were approved by the Board of Education during the year. The plans provide for the accommodation of 105 children of varying ages and a Nursery classroom for the accommodation of 30 children, together with medical rooms, shower baths, dining room, kitchen, rest shed, store rooms, and adequate lavatory accommodation. The classrooms are to be constructed to allow of their being opened on three sides. The new school will be erected on the existing site in Swinton Park Fields, and the classrooms will face due South. The splendid record of the present school has fully justified the decision to replace the now worn-out buildings by a modern structure fully equipped to meet the needs of the physically defective child from toddler to school-leaving age.

The children admitted to the Open-air School during 1936 have been chosen on similar lines to those followed in previous years, and the accompanying tables show the numbers of boys and girls admitted together with the defects from which they were suffering. The admissions during the year totalled 125 as compared with 106 in the previous year, and the discharges 100 against 118 in 1935.

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OPEN-AIR SCHOOL ADMISSIONS DURING 1936.

Disease	Boys	Girls	Total
Bronchitis	12	19	31
Enuresis and Debility	1	—	1
Bronchitis and Malnutrition ...	1	3	4
Anæmia	7	3	10
Petit Mal	1	—	1
Debility	13	14	27
Malnutrition	1	4	5
Nervous Debility	1	1	2
Boils	—	1	1
Rheumatism	2	4	6
Heart Disease	2	4	6
Adenitis	4	2	6
Chorea	5	—	5
Feeble-minded	—	1	1
Post-Scarlet Fever	1	—	1
Post-Diphtheria	—	5	5
Post-Whooping-Cough	—	1	1
Post-Pneumonia	1	1	2
Post-Influenza	—	1	1
Post-Measles	2	3	5
Post-Chicken Pox	—	1	1
Hip injury	1	—	1
Spina Bifida	1	—	1
Corneal Ulcer	1	—	1
Totals	57	68	125

DISCHARGED DURING 1936.

	Boys	Girls	Total
Over school-age	1	1	2
Returned to former school ...	37	58	95
Unfit for any school	—	—	—
Left district	2	—	2
Admitted to Institution	—	1	1
All reasons	40	60	100

15. Nursery Schools

There is no Nursery School in this area, but as outlined in the School Medical Officer's Report for 1935, page 42, the Education Committee of this Authority, after careful consideration of the recommendations in the Board of Education's Circular 1,444, has continued a policy of developing Nursery Classes in the Infant Schools in preference to the establishment of a Nursery School.

The importance of the age period of three to five years for which the Nursery Class makes provision cannot be over estimated when it is considered that it is at this age that the majority of physical and mental maladjustments occur, and the development of personality and character takes place. From the records obtained in the Child Welfare Clinics it is known that the majority of defects which develop in the first five years of life may be prevented and thus save much national suffering and expense in later life.

Parents of to-day, although generally more enlightened in matters concerning child welfare, appreciate the need, quite apart from economic reasons, for the help given by the nursery school or class in the rearing of their children and the provision of a foundation for sound and healthy minds and bodies. In this area 456 children under the age of five years are attending nursery classes in the schools.

Much thought and time has been expended by the Committee during the past year in the provision of suitable nursery class rooms, equipment, resting accommodation, provision of milk in school and separate lavatory and washing accommodation for these very young children. Further consideration should be given in the near future to more adequate medical supervision in the nursery class, and the complete co-ordination between this service, the teacher, the parent and the maternity and child welfare services. Such children require the daily attendance of the school nurse in order that minor ailments and defects found on routine medical inspection may be adequately and properly treated and to assist in the introduction into the daily routine life early habits of personal hygiene, attention to teeth, proper methods of feeding, and the importance of sleep, sunshine and fresh air.

16. Secondary Schools

Two important conferences were held during the year regarding the erection of a Secondary School in this district. The first was arranged to consider the provision of a school to serve the areas of Worsley and Swinton and Pendlebury and was attended by members of the County Education Committee together with representatives of the two local Committees. Arising out of this meeting, the suggestion that Eccles Secondary School should be confined to one sex and that a new school be built for the other sex, was discussed at a later meeting to which representatives of the Eccles Corporation and the Eccles Secondary School Governors were invited. The latter meeting therefore considered a scheme for Secondary School provision for Eccles, Swinton and Pendlebury, and Worsley, which involved the erection of a new school in Swinton for girls and the adaptation of the existing Secondary School at Eccles for boys, and agreed to recommend its adoption to the respective Higher Education Sub-committees and to the Lancashire Education Committee.

17. Parents' Payments

The difficulties involved in the individual assessment of parents' payments in respect of children attending the Minor Ailments and Dental Clinics is overcome by the requirement that every child attending for treatment is expected to place a few coppers in a collecting-box provided for the purpose.

With regard to other forms of treatment, viz., operative treatment for removal of tonsils and adenoids, orthopædic treatment, etc., in respect of which the numbers are not so large as to make inquiry into family circumstances impracticable, the parents are assessed according to a scale set by the Education Committee, and any contributions due are required to be paid before admission to hospital.

There is no scheme in operation for the provision of spectacles free of cost or at reduced rates. The total sum involved in the provision of spectacles rarely exceeding 3s. 6d. makes such a provision unnecessary in the majority of cases, while parents who so desire are given permission to make the payment in instalments.

18. Health Education

Apart from the distribution of leaflets in the course of the routine work of the various clinics, no special effort coming under this heading was made by the School Medical Service during the year 1936.

19. Special Enquiries and Miscellaneous Work

No special inquiries were held during the year.

At the request of the Juvenile Advisory Committee, the Medical Reports of 324 children leaving schools were supplied by the School Medical Officer for inclusion in the records of the Committee.

20. Employment of School Children

New bye-laws for regulating the employment of children under the Children and Young Persons Act 1933 (Part II) were adopted by this Authority in January, 1935, and came into operation on the following 1st April. The bye-laws of 1923 were thus repealed.

Certificates under the bye-laws granted by the School Medical Officer during the year reached a total of 67 in the case of newspaper delivery and 14 for milk delivery. Ten certificates were issued to school-boys presenting themselves at the clinic with reference to their fitness to act as delivery boys in other permissible trades. There were two occasions during the year on which applications for certificates had to be refused. They were legitimate applications turned down for health reasons.

In the **employment of young persons**, the School Medical Service is able to co-operate with two important services, namely, the Factory Surgeon Service, of which the School Medical Officer is the Certifying Factory Surgeon, and the Advisory Committee for Juvenile Employment.

During the year 1936, the School Medical Officer, in virtue of his office of Certifying Factory Surgeon, examined 1,373 young persons between the ages of 14 and 16 years, of whom 7 only were rejected and 84 passed subject to certain conditions of employment suitable to their physical or mental capacity.

SCHOOL MEDICAL OFFICER'S ANNUAL REPORT

Employment of Young Persons.

		Examined	Certified	Rejected
Young persons between 14 and 16 years of age	Male ...	411	409	2
	Female ...	962	957	5
	Total ...	1373	1366	7

Young Persons Rejected.

Defect	Number of Persons		
	Rejected	Passed subject to conditions	Total
Subnormal nutrition or development	—	5	5
Deformity	1	3	4
Disease of Skin	3	2	5
Disease of Bones and Joints	—	—	—
Disease of Glands... ..	—	9	9
Disease of Lungs	—	3	3
Disease of Circulatory System	2	8	10
Disease of Nervous System	—	1	1
Disease of Ear, Nose, or Throat	—	22	22
Disease of Eyes and Defective Vision	1	21	22
Dental Defects	—	10	10
Non-medical reasons	—	—	—
Total	7	84	91

21. Swimming Baths

The fullest use has been made by the Education Authority of the Corporation's Swimming Baths in Swinton Hall Road, and organised attendance at the Baths of senior boys and girls in the Summer months has for several years been a regular part of the school curriculum.

The attendances of school children during 1936 reached totals of 11,325 for boys and 4,204 for girls, both figures showing appreciable increases over those for the previous year, viz., 10,511 and 3,144 respectively.

APPENDIX

Board of Education Returns

SCHOOL MEDICAL OFFICER'S ANNUAL REPORT

MEDICAL INSPECTION RETURNS YEAR ENDING
31st DECEMBER, 1936.

TABLE I.
MEDICAL INSPECTIONS OF CHILDREN ATTENDING PUBLIC
ELEMENTARY SCHOOLS.

A.—ROUTINE MEDICAL INSPECTIONS.

Number of Inspections in the prescribed Groups :

Entrants	...	...	...	...	...	...	447
Second Age Group	...	...	...	...	...	...	384
Third Age Group	...	...	...	...	...	...	426
Total							1257
Number of other Routine inspections							Nil

B.—OTHER INSPECTIONS.

Number of Special Inspections	...	...	...	...	2789
Number of Re-Inspections	...	...	...	...	2049
Total					4838

C.—CHILDREN FOUND TO REQUIRE TREATMENT.

Number of individual children found at Routine Inspection to require
Treatment (excluding Uncleanliness and Dental Diseases).

<i>Prescribed Groups :</i>	For Defective Vision Excluding Squint.	For all other Conditions Recorded in Table IIA.	Total.
Entrants	—	79	79
Second Age Group	33	49	82
Third Age Group	36	4	39
Total (Prescribed Groups)	69	132	200
Other Routine Inspections	—	—	—
Grand	69	132	200

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TABLE II

A.—RETURN OF DEFECTS FOUND BY MEDICAL INSPECTION IN THE YEAR ENDED
31ST DECEMBER, 1936.

DEFECT OR DISEASE				Routine Inspections No. of Defects		Special Inspections No. of Defects	
				Referred for treat- ment	Requiring to be kept under observation but not requiring treatment	Referred for treat- ment	Requiring to be kept under observation but not requiring treatment
SKIN	{	Ringworm—					
		(Scalp)	—	—	—	—	
		(Body)	—	—	3	—	
		Scabies	1	—	9	—	
		Impetigo	3	—	158	—	
EYES	{	Other Diseases (non-Tuberculous)	11	3	116	—	
		Blepharitis	6	—	18	—	
		Conjunctivitis	2	—	70	—	
		Keratitis	—	—	—	—	
		Corneal Opacities	—	—	—	—	
		Defective Vision (excluding Squint)...	69	14	28	—	
		Squint	6	1	17	1	
		Other Conditions	2	—	48	2	
		Defective Hearing	1	1	—	—	
		Otitis Media	4	1	48	2	
EAR	{	Other Ear Disease	2	—	10	—	
		Chronic Tonsillitis only	27	48	53	—	
		Adenoids only	3	2	7	—	
NOSE & THROAT	{	Chronic Tonsillitis and Adenoids	8	2	8	—	
		Other Conditions	8	4	153	18	
		Enlarged Cervical Glands (non-Tuberculous)	10	11	64	7	
Defective Speech	—	1	2	2			
HEART AND CIRCULA- TION	{	Heart Disease—					
		Organic	—	9	4	1	
		Functional	—	10	1	—	
LUNGS	{	Anaemia	7	7	16	2	
		Bronchitis	3	16	51	6	
		Other Non-Tubercu- lous Diseases	—	11	16	2	
TUBER- CULOSIS	{	Pulmonary—					
		Definite	—	—	—	—	
		Suspected	—	—	—	—	
		Non-Pulmonary—					
		Glands	—	—	—	—	
		Bones and Joints	—	—	—	—	
NERVOUS SYSTEM	{	Skin	—	—	—	—	
		Other Forms	—	—	—	—	
		Epilepsy	—	2	1	2	
		Chorea	—	—	9	2	
DEFOR- MITIES	{	Other Conditions	1	11	3	—	
		Rickets	—	1	—	—	
		Spinal Curvature	4	—	2	—	
Other Defects and Diseases	{	Other Forms	8	1	19	6	
			25	10	1125	70	
TOTAL				211	166	2059	123

SCHOOL MEDICAL OFFICER'S ANNUAL REPORT

TABLE II

B.—CLASSIFICATION OF THE NUTRITION OF CHILDREN INSPECTED DURING THE
YEAR IN THE ROUTINE AGE GROUPS.

AGE GROUPS	No. of Children Inspected	A (Excellent)		B (Normal)		C (Slightly Subnormal)		D (Bad)	
		No.	%	No.	%	No.	%	No.	%
Entrants	447	155	34.68	238	53.23	54	12.09	—	—
Second Age Group ...	384	81	21.10	232	60.42	69	17.96	2	0.52
Third Age Group ...	426	151	35.44	225	52.82	47	11.04	3	0.70
Other Routine In- spections	—	—	—	—	—	—	—	—	—
TOTAL ...	1257	387	30.79	695	55.30	170	13.52	5	0.39

SCHOOL MEDICAL OFFICER'S ANNUAL REPORT

TABLE III.

RETURN OF ALL EXCEPTIONAL CHILDREN IN THE AREA, AS ON 31ST DECEMBER, 1936.

	At Certified Schools		At Public Elementary Schools	At other Institutions	At no School or Institution	Total
	Wholly	Partially				
Blind	—	—	—	—	—	—
Partially Blind ...	—	4	2	—	—	6
Deaf	1	—	1	—	—	2
Partially Deaf ...	—	1	1	—	—	2
Feeble-minded ...	—	—	6	—	5	11
Epilepsy	—	—	1	1	3	5
Physically Defective :						
A. (i) Pulmonary Tuberculosis	—	—	3	—	3	6
(ii) Non-Pulmonary	—	—	7	1	5	13
B. Delicate Children ...	110	—	12	—	19	141
C. Crippled Children ...	4	—	22	1	10	37
D. Children with Heart Disease	11	—	15	1	2	29

Multiple Defects : 1 boy (hemiplegia and feeble-minded) attending Public Elementary School.

TABLE IV.

TREATMENT TABLES.

GROUP I.—MINOR AILMENTS (EXCLUDING UNCLEANLINESS, FOR WHICH SEE TABLE VI).

Disease or Defect	Number of defects treated, or under treatment during the year		
	Under the Authority's Scheme	Otherwise	Total
Skin :			
Ringworm—Scalp			
(i) X-Ray treatment ...	—	—	—
(ii) Other	—	—	—
Ringworm—Body	3	—	3
Scabies	10	—	10
Impetigo	160	1	161
Other Skin Diseases	123	4	127
Minor Eye Defects (external and other, but excluding cases falling in Group II.)	141	5	146
Minor Ear Defects	62	2	64
Miscellaneous, <i>e.g.</i> , minor injuries, bruises, sores, chilblains, etc. ...	666	13	679
TOTAL	1165	25	1190

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GROUP II.—DEFECTIVE VISION AND SQUINT (EXCLUDING MINOR EYE DEFECTS TREATED AS MINOR AILMENTS—GROUP I.)

Defect or Disease	Number of defects dealt with		
	Under the Authority's Scheme	Other-wise	Total
Errors of Refraction (including Squint). Operations for Squint should be recorded separately in the body of the Report ...	331	2	333
Other Defect or Disease of the Eye (excluding those recorded in Group I) ...	33	—	33
TOTAL ...	364	2	366

Total number of children for whom spectacles were prescribed :

- (a) Under the Authority's Scheme, 124.
- (b) Otherwise, 2.

Total number of children who obtained or received spectacles :

- (a) Under the Authority's Scheme, 120.
- (b) Otherwise, 2.

GROUP III.—TREATMENT OF DEFECTS OF NOSE AND THROAT.
NUMBER OF DEFECTS.

Received Operative Treatment										Received other forms of Treatment	Total number treated		
Under the Authority's Scheme in Clinic or Hospital				By Private Practitioner or Hospital, apart from the Authority's Scheme				Total					
(i) —	(ii) 2	(iii) 84	(iv) —	(i) —	(ii) —	(iii) 7	(iv) —	(i) —	(ii) 2	(iii) 91	(iv) —	206	299

- (i) Tonsils only. (ii) Adenoids only. (iii) Tonsils and Adenoids.
(iv) Other Defects of the Nose and Throat.

GROUP IV.—ORTHOPAEDIC AND POSTURAL DEFECTS.

	Under the Authority's Scheme			Otherwise			Total No. Treated
	Residential Treatment with Education	Residential Treatment without Education	Non-Residential Treatment at an Orthopaedic Clinic	Residential Treatment with Education	Residential Treatment without Education	Non-Residential Treatment at an Orthopaedic Clinic	
No. of Children Treated ...	—	3	79	—	—	—	82

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TABLE V—DENTAL DEFECTS

(1) Number of Children who were :—				(2) Half-days devoted to :—						
(i) Inspected by the Dentist :				Inspection	...	24	} Total 488			
Aged :				Treatment	...	464				
under 5... 79				(3) Attendances made by						
Routine Age Groups	{	5...103	} Total 2227	children for treatment						
		6...143		(4) Fillings :—						
		7...291		Permanent teeth	1337	} Total 1872				
		8...240		Temporary teeth	535					
		9...309		(5) Extractions :—						
		10...336		Permanent teeth	719	} Total 3307				
		11...267		Temporary teeth	2588					
		12...271		(6) Administrations of general						
		13...158		anaesthetics for extractions						
		14... 30		745		(7) Other operations :—		
Specials	...	...	1038	Permanent teeth	394	} Total 462		
Grand Total						3265		
(ii) Found to require treatment						2772		
(iii) Actually treated						2189		

TABLE VI

UNCLEANLINESS AND VERMINOUS CONDITIONS.

(i) Average number of visits per school made during the year by the									
School Nurses	...	...	...	...	...	...	...	...	5
(ii) Total number of examinations of children in the Schools by School									
Nurses	...	...	...	...	...	...	...	...	9247
(iii) Number of individual children found unclean									
...	...	...	...	...	...	...	...	...	189
(iv) Number of children cleansed under arrangements made by the Local									
Education Authority	...	...	...	...	...	...	...	...	—
(v) Number of cases in which legal proceedings were taken :									
(a) Under the Education Act, 1921									
...	—
(b) Under School Attendance Bye-Laws									
...	—

SCHOOL MEDICAL OFFICER'S ANNUAL REPORT

Form 307 M.

BOARD OF EDUCATION.

Local Education Authority,

BOROUGH OF SWINTON AND PENDLEBURY.

Mental Deficiency (Notification of Children) Regulations, 1928.

STATEMENT OF THE NUMBER OF CHILDREN NOTIFIED DURING THE YEAR ENDED
31ST DECEMBER, 1936, BY THE LOCAL EDUCATION AUTHORITY TO THE LOCAL
MENTAL DEFICIENCY AUTHORITY.

Total number of children notified, Nil.



